CRYSTAL RIVER NURSING/REHABILITATION

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BOX 439

WAUPACA 54981 Ownershi p: Corporati on Phone: (715) 258-8131 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 73 Yes Total Licensed Bed Capacity (12/31/01): 78 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 68 Average Daily Census: 69

Services Provided to Non-Residents	I	Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	<u>-</u>	Age Groups	%	Less Than 1 Year	44. 1
Supp. Home Care-Personal Care	No					1 - 4 Years	42. 6
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	5. 9	More Than 4 Years	13. 2
Day Services	Yes		4. 4	65 - 74	10. 3		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	38. 2		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	1. 5	85 - 94	38. 2	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1. 5	95 & 0ver	7. 4	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	1. 5	ĺ		Nursing Staff per 100 Re	si dents
Home Delivered Meals	Yes	Fractures	7. 4	İ	100. 0	(12/31/01)	
Other Meals	Yes	Cardi ovascul ar	4. 4	65 & 0ver	94. 1	`	
Transportati on	No	Cerebrovascul ar	1. 5			RNs	7. 7
Referral Service	No	Di abetes	10. 3	Sex	%	LPNs	10. 3
Other Services	No	Respi ratory	5. 9			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	61.8	Male	26. 5	Aides, & Orderlies	42.8
Mentally Ill	No			Femal e	73. 5		
Provi de Day Programming for	i		100. 0	İ			
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19		0ther		Pri vate Pay		Family Care			Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	0f
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	4	100.0	305	40	88. 9	98	0	0.0	0	14	93. 3	139	3	100. 0	98	1	100.0	300	62	91. 2
Intermediate				5	11. 1	81	0	0.0	0	1	6. 7	139	0	0.0	0	0	0.0	0	6	8. 8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Dependen	t 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	4	100.0		45	100.0		0	0.0		15	100.0		3	100. 0		1	100.0		68	100. 0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period	[	'					
<b>3 1</b> 3		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	istance of	% Totally	Number of
Private Home/No Home Health	16. 2	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	1.5		85. 3	13. 2	68
Other Nursing Homes	3. 1	Dressi ng	23. 5		69. 1	7. 4	68
Acute Care Hospitals	74.6	Transferri ng	30. 9		60. 3	8. 8	68
Psych. HospMR/DD Facilities	0.0	Toilet Use	25. 0		69. 1	5. 9	68
Reĥabilitation Hospitals	0.0	<b>Eating</b>	88. 2		5. 9	5. 9	68
Other Locations	6. 2	*************	******	*****	*******	********	******
Total Number of Admissions	130	Conti nence		%	Special Treatm	ents	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	5. 9	Receiving Re	spi ratory Care	4. 4
Private Home/No Home Health	23. 3	Occ/Freq. Incontinent	of Bladder	27. 9		acheostomy Care	0.0
Private Home/With Home Health	28. 7	Occ/Freq. Incontinent	of Bowel	22. 1	Receiving Su	cti oni ng	0. 0
Other Nursing Homes	10. 9	<del>-</del>			Receiving 0s	tomy Care	1. 5
Acute Care Hospitals	0.0	Mobility			Receiving Tu	be Feeding	4. 4
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	4. 4	Receiving Me	chanically Altered Diets	17. 6
Rehabilitation Hospitals	7. 0				· ·	·	
Other Locations	5.4	Skin Care			Other Resident	Characteri sti cs	
Deaths	24.8	With Pressure Sores		1. 5	Have Advance	Di recti ves	88. 2
Total Number of Discharges		With Rashes		0. 0	Medi cati ons		
(Including Deaths)	129	ĺ			Receiving Ps	ychoactive Drugs	29. 4

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility			50 Peer	Si ze: - 99 Group	Ski Peer	ensure: lled Group		lities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds Current Residents from In-County	87. 9 69. 1	82. 5 74. 3	1. 07 0. 93	86. 4 69. 6	1. 02 0. 99	85. 8 69. 4	1. 02 1. 00	84. 6 77. 0	1. 04 0. 90		
Admissions from In-County, Still Residing	13. 8	19.8	0. 70	19. 9	0. 70	23. 1	0. 60	20. 8	0. 67		
Admissions/Average Daily Census	188. 4	148. 2	1. 27	133. 4	1. 41	105. 6	1. 78	128. 9	1. 46		
Discharges/Average Daily Census	187. 0	146. 6	1. 28	132. 0	1. 42	105. 9	1. 76	130. 0	1. 44		
Discharges To Private Residence/Average Daily Census	97. 1	58. 2	1. 67	49. 7	1. 95	38. 5	2. 52	52. 8	1. 84		
Residents Receiving Skilled Care	91. 2	92. 6	0. 98	90. 0	1. 01	89. 9	1. 01	85. 3	1. 07		
Residents Aged 65 and Older	94. 1	95. 1	0. 99	94. 7	0. 99	93. 3	1. 01	87. 5	1. 08		
Title 19 (Medicaid) Funded Residents	66. 2	66. 0	1.00	68. 8	0. 96	69. 9	0. 95	68. 7	0. 96		
Private Pay Funded Residents	22. 1	22. 2	0. 99	23. 6	0. 94	22. 2	0. 99	22. 0	1. 00		
Developmentally Disabled Residents	0. 0	0.8	0. 00	1. 0	0.00	0. 8	0. 00	7. 6	0. 00		
Mentally Ill Residents	4. 4	31. 4	0. 14	36. 3	0. 12	38. 5	0. 11	33. 8	0. 13		
General Medical Service Residents	61. 8	23.8	2. 59	21. 1	2. 93	21. 2	2. 91	19. 4	3. 18		
Impaired ADL (Mean)	37. 6	46. 9	0.80	47. 1	0. 80	46. 4	0. 81	49. 3	0. 76		
Psychological Problems	29. 4	47. 2	0. 62	49. 5	0. 59	<b>52. 6</b>	0. 56	51. 9	0. 57		
Nursing Care Required (Mean)	3. 7	6. 7	0. 55	6. 7	0. 55	7.4	0. 49	7. 3	0. 50		